



FROM THE TOP

ZEN AND THE ART OF MOTORCYCLE RIDING

As an avid motorcyclist for more than 40 years, it concerns me to see our motorcycle accidents/fatalities steadily increasing within the Army. As a proactive and competency based institution, we are constantly taught to mitigate risks throughout our training endeavors, yet it appears we are doing a poor job reducing the risks of vehicular incidents. Part of this surely is attributable to higher volume of traffic on the roads, increased construction sites, pushing ourselves harder (40 hour work weeks have become 80 plus), feeling omnipotent after a successful deployment, and various other elements. However, that said I would like to share some information with current and future motorcycle riders in hopes that maybe some of you out there will modify your riding behaviors which will surely result in a longer and healthier life style.



David A. Eddy
CSM, USAMEDCOM

Starting this spring, during my command visits, part of my agenda will be to gather all licensed motorcyclists and those contemplating riding for a 30 minute briefing on Motorcycle Safety, followed by a show and tell period where all motorcyclists have brought their motorcycles for us to view, inspect (both bike and riding gear), and verify post registrations, and Motorcycle Safety Foundation cards, etc. This process will make us more consciously aware of our responsibilities, fellow riders, and adapting to the different types of motorcycles, all of which require very different riding skills.

Dress for Success

As a novice rider, select a beginner's bike: This may sound like a cliché, but it is an essential element in the development of the necessary skills for successful motorcycle riding. Case in point — Professional Motorcycle Racers do not start out on Moto GP style bikes capable of producing over 230 hp in a 330 lb package. Every single successful racer that is still alive has started out riding on a motorcycle of 125 cc or less and has progressively moved upward in size and power. Think about what your needs are vs what your ego is shouting.

Proper riding apparel is non-negotiable. You will wear a helmet (not referring to the GQ skull cap), full finger gloves, abrasive resistant jacket, long pants, and boots. Please refer to DODI 6055.4, E3, 2.7 thru 2.7.1.5 to validate this point. If you ride long enough it's just a matter of time before you hit the pavement, and trust me, you must be prepared for that moment. Asphalt scraping against human skin will win the contest every day of the week, however leather scraping against asphalt will literally save your hide.

The Motorcycle Safety Foundation approved training course is not only necessary, but required for all DOD employees. Mandating your attendance to the Motorcycle Safety Foundation riding course is the Army's way of ensuring you are prepared to take on the challenges of riding a motorcycle. However, even though this course that is taught at military installations is called an advanced course, there is nothing advanced about it. I encourage all riders to take additional courses to include Race Track approved courses to enhance their riding skills. Understand the latter is expensive (\$1,200 and up for two days), but isn't your life worth it?

Never, ever ride a motorcycle while under the influence of any drug or if you are sleep deprived. Alertness is the key ingredient to survival on America's roadways. Operating a motorcycle with less than 100% of all of your faculties intact is a sure recipe for an accident.

Acquired Riding skills

Use of your peripheral vision is an instinctive and learned behavior. Experienced motorcycle riders never look just straight ahead while riding. You must be totally cognizant of your entire surroundings at all times, literally meaning we constantly scan 360 degrees while riding, knowing who's where at any given moment, and **anticipate** other drivers' or animals' actions. Always avoid the side and rear view mirror blind spots of other vehicles. Remember, you are much smaller than a car and more difficult to detect when changing lanes. Make yourself visible to all drivers.

Even though your maneuverability is greater on a motorcycle, weaving in and out of traffic is just plain stupid. This deliberate action is nothing more than a sign of show boating and immaturity that will result in an unfortunate mishap.

The acceleration of today's sport bikes in particular is phenomenal. The fastest production motorcycle, the Suzuki Hayabusa, is capable of 186 mph out of the box. Horsepower to weight ratio (see comparison below) is not necessarily in favor of inexperienced riders. With acceleration comes the distortion of time and space, which most often results in misjudging

turns and oncoming traffic, and excessive wheel spin (loss of traction).

Thankfully, the technology used in braking systems for most all sport touring, and all sport bikes is state of the art, and capable of stopping a motorcycle very quickly. However, lack of understanding in proper braking techniques can result in unnecessary spills and negatively effect overall confidence. Lack of confidence in your riding abilities is every motorcycle rider's Achilles heel.

Have you ever noticed that experienced riders never ride down the center of any road? The reason is simple, that's where the debris and leaking fluids gather to create a bad hair day for any and all motorcyclists. Always ride on one side or the other of the lane.

How about those Cubic Centimeters (cc)?

In America, bigger is perceived as better. This is often the purchasing attitude of our Soldiers as well. Additionally, we Americans love a good bargain, so comparing a 600 cc motorcycle that costs \$9,000 to a Suzuki Hayabusa, 1300 cc that costs only 2 grand more and produces 65 more horsepower is extremely tempting. In motorcycle riding, bigger is not the formula to successful and enjoyable rides. Remember bigger, heavier bikes require more distance to stop and opportunities to misjudge situations. However, that said, bigger does not necessarily translate into more power. Please refer to the two bike comparison chart. Bottom line: Know what you are buying, and ensure it meets your riding needs.

Specifications	2005 Kawasaki ZX-6R (636 cc)	2005 Honda VTX 1300 (1300 cc)
Horsepower	125	76
Weight	362 lb	680 lb
Wheelbase	54.7 in	65.7 in
Qtr mile time	10.95 sec	13.72 sec
Qtr mile speed	125.5 mph	94.5 mph

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From the Top (continued)

Motorcycle riding is an absolutely enjoyable experience that I would not trade for anything. However, the continual increase in motorcycle fatalities does put this privilege at risk. We all must ensure we do our part in enforcing standards and correcting and reporting erratic behaviors to not only protect our most precious resource, but to maintain our privilege to ride.

**Advancing Your Career in Nutrition Care:
Education and Certification Opportunities for
MOS 91M**

Interested in advancing your Nutrition Care career through a college degree? Would you like to earn credit for training and experience gained in your MOS? Through the Servicemembers Opportunity Colleges (SOC) Army Career Degree Program (ACDP), you can earn an Associate Degree directly related to your MOS from Central Arizona College or Barton County Community College (KS). The best news is that you can earn either degree through distance learning online.

Learn more about the Dietetic Technician degree from Central Arizona or the Dietary Management degree from Barton College at <http://www.soc.aascu.org/socad.91M.html>. Find out just how close you are to a college degree.

**Credentialing Opportunities Online
(COOL) Program**

A college degree is not the only way to advance your nutrition care career. Obtaining certification is another opportunity for demonstrating competency in your particular field. Most closely matched to the 91M MOS is the Certified Dietary Manager (CDM) certification offered by the Dietary Managers Association. Applicants must meet certain requirements and pass a two-part examination. Soldiers in rank of E-5 who hold the 91M MOS are automatically eligible to take the exam. Find out about the CDM on the 91M page of the COOL website at www.cool.army.mil/91m.htm. Other information is available at <http://www.cool.army.mil>.

Battle Simulation Exercises

Students attending AMEDDC&S courses, including US Army Reserve units, participate in simulation exercises which prepare them to make decisions in a combat environment. Simulation exercises also provide an opportunity to practice, gain proficiency, and acquire a comfort level on the new Army Battle Command System and other command systems.

Students play battle staff roles in brigade headquarters and combat support hospitals. Patient management and logistics are some of the challenges faced in a simulated combat environment. For more information, contact Mr. Williams or Mr. Sierra, Digital Education and Simulations Branch, Department of Training Support, DSN 471-0758, (210) 221-0758, or email sim-digitaled@amedd.army.mil.

Expert Field Medical Badge (EFMB) Update

The Expert Field Medical Competition (EFMC) which will be held 16-19 May at Camp Bullis, TX, is an individual annual competition that challenges the Army's best medics in a demanding, continuous, and realistic simulated combat environment. The winner claims the title as the Army's Top Medic! The EFMC MOI and allocations for participants have been distributed to various commands and are available on the EFMB website.

The EFMB test Control Office website is located at <https://www.us.army.mil/suite/page/140048>. First, log on to AKO then paste the URL in the browser's address line. You will find the latest testing schedule with POC information, training material, and everything you need to know about the EFMB. Some Soldiers are finding that their computer's security settings are blocking their attempts to download or view a file. If a pop-up bar shows at the top of your screen, click on the download or view file selection. It may direct you back to the original screen. Click the icon again and it should work. Contact SFC Chase or SFC Fortune, DSN 421-9051/9567, (210) 295-9051/9567, FAX (210) 221-2716, e-mail brian.chase2@amedd.army.mil or michael.fortune@amedd.army.mil.

Apply Now!
The Army Physician Assistant (PA) Program

The Army offers qualified enlisted Soldiers, warrant officers, and officers an opportunity to become a PA through the Interservice Physician Assistant Program (IPAP) located at the AMEDD Center & School at Fort Sam Houston. The Army trains around 60 Soldiers annually along with Air Force, Navy, Coast Guard, Army Reserve, Army National Guard, and US Public Health Service personnel.

Graduates earn a master's degree from the University of Nebraska and a commission in the Army Medical Specialist Corps as a 2LT. Graduates must pass the Physician Assistant National Certifying Exam prior to providing healthcare to Soldiers. Application procedures are found in AR 601-20, the IPAP, and in the Fiscal Year message at www.armypa.info or www.cs.amedd.army.mil/ipap.

The POC for this program is Captain James Jones, PA-C, e-mail ipap@usarec.army.mil, DSN 536-0386, (502) 626-0386, or toll free 1-800-223-3735, ext 60386.

FY 06 Professional Postgraduate Short Course Program

Course Number	Dates	Location	Course Title	POC	DSN
300-A0704	22-26 May	San Antonio	75/71 Pers/Retention/ Legal/EO	SGM George	471-6210
300-A0707	02-06 Aug	Denver	Senior Dental NCO	SGM Spadaro	471-6528
300-A0708	26-29 Jun	San Antonio	Surgical Support NCO	SFC Paulsen	421-4412
300-A0709	27-31 Mar	San Antonio	Veterinary NCO Crs 91R/91T	SFC Coates	471-7975
300-A0718	15-20 Oct	San Antonio	AMSC Clinical Management	SFC Harris	471-7103
300-A0720	19-23 Jun	San Antonio	91X/56M NCO	MSG Shelton	471-8610
340-A0743	31 May-4 Jun	Nuremberg, GE	CSM/SGM Senior NCO	SGM Mixon	314-371-2784
6H-300/A0412	26-31 Mar	Reno	SAFMLS	MAJ Tenney	471-6344

For details, access the AMEDDC&S Department of Health Education and Training (DHET) website at <http://www.cs.amedd.army.mil/dhet/index.htm>. Click Enlisted Training on the left side and scroll down for details on applications. For more information, contact SFC Colon, DHET, DSN 471-0144 or (210) 221-0144.

AKO Update and New Features

You can now easily communicate with your USAF colleagues and friends with the new Instant Messenger (IM). To learn about this and other great features available in AKO, you are encouraged to check out the new AKO tutorials on the AKO TRAINING MATERIALS & USER GUIDES homepage (login to the AKO homepage, click the "Inside AKO" link under AKO Links on the lower right side, and the AKO Training section contains the link to the AKO TRAINING MATERIALS & USER GUIDES homepage). Also included are details about the new account verification process under which AKO will ask you to verify your AKO account if you are a contractor or family member

As mentioned earlier, communication with coworkers and friends in the Air Force is now a simple process. All active Army, Army Reserve, Army National Guard, and DA civilian accounts can now login to AKO, launch IM, and chat securely with Air Force members. Another new feature is the MY PROFILE page. This new feature allows you to share information about yourself with the AKO community. To create a profile, follow these steps:

1. Login to AKO.
2. Enter your AKO username in the search field on the left navigation bar.
3. Select “People” and click search.
4. Click your name in the results list.
5. Click the “Create my Profile” link and follow the instructions.

Done! Once you click “Save & Publish” on your new profile, any AKO user who searches for you in the AKO white pages will also be able to learn about your Army experiences and skills. (**Note:** To change your profile or to link to a page that already exists, click “My Account” in the upper-right hand corner of AKO and click the “My Profile” button.) For more information or questions, contact Julie Gueller, Instructor, DSN 471-2010, (210) 221-2010, or email Julie.Gueller@us.army.mil.

LESSONS LEARNED

After Action Report

The information contained in the following After Action Report includes the views and opinions of the authors or source publications and does not necessarily reflect those of the *AMEDD Journal*, the AMEDDC&S, or the Army Medical Department.

Guard Helping Gulf Coast in Slow March Back

BAY ST. LOUIS, MS, Nov 15, 2005 — The turtle crawled slowly across the road, each methodical step over the warm pavement bringing it closer to St. Louis Bay on the other side. Behind it was only wreckage – the shattered remains of bay front homes torn apart by Hurricane Katrina months ago – and the way ahead was across two lanes of semideserted road. Like the turtle’s slow march across North Beach Boulevard, the people living in the ruins of this Gulf Coast community are slowly recovering from the ravages of the 2005 hurricane season.

Across town, the next generation of Bay St. Louis was starting back to school. More than 1,200 area students returned to their schools which had been closed since late August due to extensive hurricane damage. With the help of several agencies, including the US Army Corps of Engineers, the National Guard, and FEMA, the students returned to classes in more than 60 portable classroom units placed on school property.

Superintendent of Schools, Dr. Kim Stasny, explained that the hurricane recovery in her school district was a slow process, but without the assistance of outside agencies they would be far from ready to let students back into classes. The Mississippi Emergency Management Agency noted that Hurricane Katrina caused damage to 303 schools in the Gulf Coast region of the state.

During a ceremonial ribbon-cutting for the reopening of North Bay Elementary, Stasny singled out members of the Florida Air National Guard’s 202nd “Red Horse” unit for their work in repairing the schools. “It was a tremendous effort on their part, and I really mean this, because we wouldn’t have had this site here today if it wasn’t for them clearing this site,” Stasny said.

Members of the 202nd Red Horse and the Florida Army National Guard's 269th Engineer Company helped establish a 500-person base camp for relief efforts in Bay St. Louis, prepared sites for the portable school buildings, operated lift stations for sewers throughout the city, maintained air conditioning systems, and helped remove hurricane debris. More than 20,000 National Guard Soldiers and Airmen were deployed to assist with Hurricane Katrina relief operations in the Gulf Coast region. SMSGT Jeff Lindsey, one of the three remaining Red Horse Airmen on duty in Mississippi in November, explained that he has seen a gradual change in the area since he was arrived in Bay St. Louis in early September. "You see people smiling now and some business are starting to open back up," Lindsey said. "In the past two months you've seen more people coming back. This was great this morning to see the kids coming back. We haven't seen too many kids around here." (Army News Service)

DAMAGE REPORT

Mississippi

- 511,290 without power
- 93 shelters housing 12,697
- 60 Mississippi National Guard missions
- Damage to 5 major hospitals
- No reported HAZMAT spills
- Largest damage from Gulfport to the west
- Greatest concern is isolated areas with large numbers of stranded victims
- Most roads in southern portion of state impassable due to flooding and lost bridges

Alabama

- 325,228 without power
- 42 shelters housing 5,184
- Interstate Highway 10 open, Mobile airport reopened
- Six counties with PDD
- No reported HAZMAT spills
- Distribution from Maxwell AFB in progress, JFO at Maxwell

Texas

- 13 shelters housing a large, undetermined number of evacuees from several Gulf Coast states

Louisiana

- 905,085 without power
- 113 shelters housing 30,269
- Interstate 10 west of Superdome assessed, critical for relief efforts
- Mass Feeding Capabilities:
 - 15 kitchens, 20,000 meals a day
 - 300,000 total meals per day
- Temporary Housing Command established in Baton Rouge
- Distribution started from Barksdale AFB

Florida

- 382,849 without power
- 18 shelters housing 2,210
- Escambia and Santa Rosa counties most effected
- DCO/DCE deactivated, returning to home station

Reorganization Continues After Hurricane Katrina

WASHINGTON, Feb 2, 2006 — Organizational changes in the military continue in the aftermath of the Hurricane Katrina response, the Army general who was second in command of the military's Katrina task force told the Senate Homeland Security and Governmental Committee here yesterday. "Under our new organization, you will have defense coordinating officers and their staffs located within the ten Federal Emergency Management Agency (FEMA) regions," said Army BG Mark Graham, Deputy Commanding General of the 5th US Army. He said having these officers permanently in place in each of FEMA's regions would allow for better preparation for future events. BG Graham served as the Deputy Commander of Joint Task Force Katrina when the 5th Army, based at Fort Sam Houston, Texas, was called upon to support hurricane relief efforts.

BG Graham gave the committee details of the 5th Army's evacuation operations for Task Force Katrina. "Our plans considered the use of multiple modes of transportation; ground, air, rail, and water," he said. "However,

execution of our plan was based on available resources.” He explained that commercial and school buses were the main forms of transportation.

A team of 5th Army Soldiers and civilians evacuated 15,000 displaced people on the first day of operations, Sep 1, he said. At the end of the second day, a total of 47,000 people had been evacuated from the New Orleans Superdome, the New Orleans Convention Center, and other gathering points. BG Graham said that by Sep 3, his unit had completed evacuation efforts at the Superdome and had shifted efforts to the convention center. “Within 7 hours, the convention center was complete,” he said.

BG Graham said that fewer than 1,500 people were evacuated the following day, and the main evacuation of the city and the greater New Orleans area was declared complete. More than 65,000 people had been moved out of the hurricane-devastated area. “Although Hurricane Katrina was a tragedy, I’m proud of the professionalism and selfless service of each military and civilian member of our 5th Army/Army North team,” he said. “We were simply Americans helping Americans.” (American Forces Information Service)

Note: On Oct 1, 2005, the 5th US Army officially became 5th Army/Army North. ARNORTH thus became the Army’s component of the US Northern Command, which handles homeland defense. The 5th Army/ARNORTH is scheduled to be fully operational in the homeland defense mission as well as reacting to man-made and natural disasters within the country by October 2006, according to the command’s web site.

AFTER ACTION REPORT

185th Aviation Group Mississippi Army National Guard Operation Vigilant Relief Hurricane Katrina 2005

Operational Overview: Task Force 185th Aviation (TF 185 AVN) was the lead National Guard Aviation asset to deploy in support of relief operations following Hurricane Katrina. The Task Force deployed to the ANG Combat Readiness Training Center on 30 Aug 05. The unit established operations at the 1108th AVCRAD hanger. The TF 185 AVN provided aviation assets and command and control to more than 70 aircraft and 673 personnel from 9 states which completed more than 1,680 sorties delivering more than 2,558,150 lbs of supplies during the operation.

Significant Issues Encountered: Lack of attention to field sanitation; inadequacy of current MTOE not allowing for sustainable pharmacy; lack of Integration with overall state and federal planning; significant limitations placed upon the unit in conducting the mission due to lack of timely communication support; no MEDLOG deployed to AOR; no Class VIII resupply.

Lessons Learned: Preventative medicine is a key skill required of all military physicians. Appropriate command emphasis may be required early to maintain the health of troops. Field sanitation should be included in the skills medical sections practice and evaluated during annual training. There was a crisis of chronic illness due to lack of pharmacies, dialysis centers, nursing homes, rehabilitation centers, and local primary care providers. Current MTOE does not allow for appropriate pharmacy resources to support a state mission. No medical logistics train to handle CLASS VIII requests in the AOR ever developed.

Observation: The Joint Medical Assessment Team (JMAT) concept — Aviation assets were used throughout the 6 county coastal areas in south Mississippi to deliver food, water, and ice in areas cut off by debris or lack of fuel. Placing medical personnel on those missions to evaluate the medical needs and access to health care was an important piece of medical intelligence to military commanders and state and federal response leaders as they

allocated and deployed resources. The JMAT mission allowed for timely health surveillance of emerging trends. Specifically, two rashes predominated in soldier and civilian populations in our AOR. The Army dermatology and infectious disease email consults were very responsive and treatment instructions were received within two hours.

Lessons Learned: The JMAT concept provides a powerful health surveillance tool. The military support for forward physicians is well organized and very responsive. The JMAT should be deployed to disaster areas to aid in epidemiologic assessment and early public health surveillance. The consult resources should be used when questions arise. Digital cameras should be part of JMAT equipment sets. State Department of Health resources should be consulted with any public health concerns.

Observation: The Flight Surgeon has a role in safety. Mass casualty preplanning is easily overlooked, but is as important during peacetime operations as in war. The safety role also involves active participation of the unit safety officer, both in tracking work-rest duty cycles and in determining safe operational limits to offer to the command to reduce risk.

Discussion: The Joint Task Force helicopter operations were staged at the MSANG Combat Readiness Training Center in Gulfport. The TF 185 AVN staged in the area of the 1108th AVCRAD hanger. More than 9 states' Army Guard helicopters as well as USAF UH-1Ns and USN SH-53s operated in the area. Flying at night in unfamiliar areas with adequate LZ marking capabilities was not supported. A 6-day reset was approved by the command to provide adequate crew rest. Many units began rotating crews early in the operation.

The billeting area for almost 200 personnel was within 400 meters of the flight operations area. The need for establishing Casualty Collection Points and posting signs was addressed as soon as the aid station was established.

Lessons Learned: Safety is a mandatory focus of the Flight Surgeon. Hazards must be identified early and mitigation to these risks should be planned. Medical section SOP should reflect the priorities of safety. Flight Surgeons should identify disaster plans that may already exist for their AOR and incorporate relevant additions or changes to accommodate flight operations. Flight Surgeons should coordinate with unit safety officers for workable crew rest tracking capability. The Flight Surgeon and safety officer should see that this is incorporated into unit SOPs and the unit level receives regular training in this area.

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